

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
		A. Received by (Please Print Clearly)	
		B. Date of Delivery	
		2/27/06	
		C. Signature	
		 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
		D. Is delivery address different from Item 1?	
		If YES, enter delivery address below:	
1. Article Addressed to: CHARLES M. SAMPSON, PA PA DOC CENTRAL OFFICE 2520 LIBERTY ROAD P.O. BOX 598 CAMP HILL, PA 17001-0598			
2. Article Number 2017253/C/03/23/06.SBN			
PS Form 3811 (January 2003) 11 11 11 11 11 11 Domestic Return Receipt			